2022 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES									
		Premium Cost			DSA				
Plan	Person(s) Covered	Annual	Monthly	COBRA	Hired before 9/1/2006	Hired 9/1/2006 through 12/31/2017	Hired on or after 1/1/2018		
Base Plan	Single	\$8,500.32	\$708.36	\$722.53	\$150.00	\$150.00	\$70.84		
Blue Point 2 Value 2*									
pkg. #068	Sponsor Two Person	\$19,613.28	\$1,634.44	\$1,667.13	\$150.00	\$150.00	\$163.44		
Code: ATC	Family	\$22,622.52	\$1,885.21	\$1,922.91	\$150.00	\$150.00	\$188.52		
	Family No Spouse	\$21,487.56	\$1,790.63	\$1,826.44	\$150.00	\$150.00	\$179.06		
Signature Deduct** with	Single	\$6,674.88	\$556.24	\$567.36	\$25.00	\$25.00	\$25.00		
\$500/\$1000 HSA Account	Constant Time Description	Ф45 074 50	#4 004 04	#4 000 00	Ф Г О ОО	фго оо	Ф ГО ОО		
Code: DAG	Sponsor Two Person	\$15,374.52	\$1,281.21	\$1,306.83	\$50.00	\$50.00	\$50.00		
Code. DAG	Family	\$17,716.80	\$1,476.40	\$1,505.93	\$50.00	\$50.00	\$50.00		
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	Family No Spouse	\$16,841.76	\$1,403.48	\$1,431.55	\$50.00	\$50.00	\$50.00		
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AMV***	Single	\$3,609.12	\$423.69	\$432.16	\$10.00	\$10.00	\$10.00		
HDHP	Family No Spouse	\$9 106 08	\$1,069,04	\$1,090.42	\$248.11	\$248.11	\$248.11		
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Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33	\$0.33		
	Family	\$954.00	\$79.50	\$81.09	\$0.82	\$0.82	\$0.82		

^{*} Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value

^{**} Signature Deductible is an HDHP that comes with County funded \$500/\$1000 HSA for out-of-pockets expenses

^{***} AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with HCR employer mandates.